

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1161

FILED APR 11 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN JEFFERSON BARRACKS, MO

Length of stay in 1b

18 1/2 HOURS

c. CITY

OR TOWN LEMAY

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION  
HOSPITAL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

9846 LINN AVENUE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First AMBROSE

Middle B.

Last KOLODZIEJ

4. DATE

Month

Day

Year

OF DEATH

APRIL 4, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-21-1911

9. AGE (last birthday)

52 YRS

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POLICEMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

VALENTINE KOLODZIEJ

13b. MOTHER'S MAIDEN NAME

MARTHA SLOMINSKI

14. NAME OF HUSBAND OR WIFE

MILDRED KOLODZIEJ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

16. SOCIAL SECURITY NO.

17. NEXT OF KIN

Address LEMAY, MO.

MRS. MILDRED KOLODZIEJ, 9846 LINN AVE.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EDEMA

INTERVAL BETWEEN ONSET AND DEATH

UNDETERMINED

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

GENERALIZED ANASARCA

DUE TO (c)

LAENNEC'S CIRRHOSIS, LIVER

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BLEEDING DUODENAL ULCER: TERMINAL ASPIRATION

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

4-3-63

to 4-4-63

Death occurred at

4:30 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Mueller M.D.

22b. ADDRESS

VA HOSP. JEFF. BRKS, MO.

22c. DATE SIGNED

4-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-8-1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Bks. Mo.

(State)

24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries

ADDRESS

7814 S. Broadway

25. DATE RECD. BY LOCAL REG.

4-5-63

26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leiner C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.